

UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA CAND 435 (CAND Rev. 04/2018)				TRANSCRIPT ORDER Please use one form per court reporter. <i>CJA counsel please use Form CJA24</i> Please read instructions on next page.					COURT USE ONLY DUE DATE:						
1a. CONTACT PERSON FOR THIS ORDER Robert S. Leach, AUSA				2a. CONTACT PHONE NUMBER (510) 637-3918				3a. CONTACT EMAIL ADDRESS robert.leach@usdoj.gov							
1b. ATTORNEY NAME (if different)				2b. ATTORNEY PHONE NUMBER				3b. ATTORNEY EMAIL ADDRESS							
4. MAILING ADDRESS (INCLUDE LAW FIRM NAME, IF APPLICABLE) U.S. Attorney's Office 1301 Clay Street, #340S Oakland, CA 94612				5. CASE NAME U.S. v. Holmes, et al.				6. CASE NUMBER CR 18-258 EJD							
				8. THIS TRANSCRIPT ORDER IS FOR: <input type="checkbox"/> APPEAL <input checked="" type="checkbox"/> CRIMINAL <input type="checkbox"/> In forma pauperis (NOTE: Court order for transcripts must be attached) <input type="checkbox"/> NON-APPEAL <input type="checkbox"/> CIVIL CJA: <u>Do not use this form; use Form CJA24.</u>											
7. COURT REPORTER NAME (FOR FTR, LEAVE BLANK AND CHECK BOX)→ <input type="checkbox"/> FTR Irene Rodriguez															
9. TRANSCRIPT(S) REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested), format(s) & quantity and delivery type:															
a. HEARING(S) (OR PORTIONS OF HEARINGS)				b. SELECT FORMAT(S) (NOTE: ECF access is included with purchase of PDF, text, paper or condensed.)					c. DELIVERY TYPE (Choose one per line)						
DATE	JUDGE (initials)	TYPE (e.g. CMC)	PORTION If requesting less than full hearing, specify portion (e.g. witness or time)	PDF (email)	TEXT/ASCII (email)	PAPER	CONDENSED (email)	ECF ACCESS (web)	ORDINARY (30-day)	14-Day	EXPEDITED (7-day)	3-DAY	DAILY (Next day)	HOURLY (2 hrs)	REALTIME
12/02/2020	EJD	Status		●	○	○	○	○	○	○	○	○	●	○	○
12/08/2020	EJD	Status		●	○	○	○	○	○	○	○	○	●	○	○
				○	○	○	○	○	○	○	○	○	○	○	○
				○	○	○	○	○	○	○	○	○	○	○	○
				○	○	○	○	○	○	○	○	○	○	○	○
				○	○	○	○	○	○	○	○	○	○	○	○
10. ADDITIONAL COMMENTS, INSTRUCTIONS, QUESTIONS, ETC:															
ORDER & CERTIFICATION (11. & 12.) By signing below, I certify that I will pay all charges (deposit plus additional). 11. SIGNATURE /s/ Robert S. Leach, AUSA													12. DATE 12/18/2020		

Clear Form

Save as new PDF